

Get involved with the Split and Torn Earlobes review - Split and torn earlobes survey

Instructions

- Write as **clearly** as you can— these forms might be scanned
- Write your answers in the same language as this form

Welcome

This survey seeks your views on a medical evidence review. These are undertaken to help us gather and understand the latest guidance and standards.

These periodic Reviews, together with feedback from people with lived experience, enable us to consider how our Commissioning Statements might need to change to reflect the latest information.

We encourage you to read the review before completing this survey.

If you need help to complete this survey or would like to be sent a printed survey to complete, please contact the Engagement Team at gmhscp.engagement@nhs.net, or call or Whatsapp us on 07786 673762.

This survey has been created by NHS Greater Manchester. This survey is anonymous, but if you want to know how we use any information that you give us please see [our privacy notice](#).

If you have any questions, or would like this in a different format, please contact us on gmhscp.engagement@nhs.net.

Please note

The Greater Manchester Procedures of Low Clinical Value Steering Group's remit is to produce commissioning statement recommendations for NHS Greater Manchester's consideration. It is not a decision-making group.

A commissioning statement recommendation will advise whether a treatment should not be routinely available on the NHS, unless the patient's health care need is deemed to be exceptional, or where a patient should meet a set of criteria before they would be eligible for that particular treatment in Greater Manchester.

All commissioning statement recommendations will go through NHS Greater Manchester's governance process for approval to implement. It is outside of the Group's remit to make recommendations on patient pathways.

For our privacy notice, please visit: <https://gmintegratedcare.org.uk/about/our-principles/keeping-your-information-safe/>.

1. Your interest (optional)

Are you completing this survey...

**Only choose one option.*

- | | |
|--|---|
| <input type="radio"/> As a person potentially affected by this Commissioning Statement | <input type="radio"/> As a carer or family member of someone potentially affected by this Commissioning Statement |
| <input type="radio"/> As a person with a professional interest in this Commissioning Statement | <input type="radio"/> As a representative of an organisation representing people affected by this Commissioning Statement |
| <input type="radio"/> Other (please tell us more) | |

If 'Other (please tell us more)', please specify

2. In which borough or city do you live? (optional)

The first couple of questions are about you. Please click next if you don't want to answer them.

**Only choose one option.*

- | | |
|----------------------------------|--------------------------------|
| <input type="radio"/> Bolton | <input type="radio"/> Bury |
| <input type="radio"/> Manchester | <input type="radio"/> Oldham |
| <input type="radio"/> Rochdale | <input type="radio"/> Salford |
| <input type="radio"/> Stockport | <input type="radio"/> Tameside |
| <input type="radio"/> Trafford | <input type="radio"/> Wigan |
| <input type="radio"/> Other | |

If 'Other', please specify

3. Fairness (optional)

Does the Commissioning Statement seem fair to you?

**Only choose one option.*

- Yes
- No
- Don't know

4. Please tell us why you think this? (optional)

5. Views on the findings (optional)

Having read the Medical Evidence Review, with its proposed recommendations do you...

**Only choose one option.*

- Broadly accept the contents of the review
- Neither accept or oppose the contents of the review
- Broadly oppose the contents of the review
- Don't know

6. Please tell us why you think this? (optional)

7. Anything else (optional)

Please tell us anything else here that we should be mindful of in considering this medical evidence review.

8. Clarification (optional)

If further clarification is needed on your feedback and you are happy to be contacted by the GM Policy Development Team, please share you details below (optional):

About you

Our "About you" page has a number of equality monitoring questions.

We need your help to monitor our engagement and who is answering our surveys.

We want to make sure our diverse communities across Greater Manchester get involved.

Information shared is anonymous and we do not link the information you share with anything that could identify you. Please scroll past any questions that you do not want to answer or feel you cannot answer.

These questions are optional and if you do not want to answer them you can click next which will take you to the end of the survey.

9. How do you identify your gender? (optional)

10. Is your current gender identity the same as the gender you were described at birth?
(optional)

**Only choose one option.*

- Yes
- No
- Dont know
- Prefer not to say

11. **How old are you?** (optional)

12. **What is your ethnicity?** (optional)

13. **What is your relationship status?** (optional)

**Only choose one option.*

- | | |
|---|---|
| <input type="radio"/> Co-habiting - Living with partner | <input type="radio"/> Married / Civil Partnership |
| <input type="radio"/> Single | <input type="radio"/> Widow |
| <input type="radio"/> Prefer not to say | <input type="radio"/> Other |

If 'Other', please specify

14. **What is your religion or belief?** (optional)

**Only choose one option.*

- | | |
|-------------------------------------|---|
| <input type="radio"/> Atheist / Non | <input type="radio"/> Baha`i |
| <input type="radio"/> Buddhist | <input type="radio"/> Christian |
| <input type="radio"/> Hindu | <input type="radio"/> Jain |
| <input type="radio"/> Jewish | <input type="radio"/> Muslim |
| <input type="radio"/> Pagan | <input type="radio"/> Sikh |
| <input type="radio"/> Zoroastrian | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other | |

If 'Other', please specify

15. **Do you consider yourself to have a disability?** (optional)

(A disability is a condition that affects an individual's ability to carry out normal day-to day activities. It can be a mental health or physical condition, visible or hidden, it can last 12 months or longer and be recurring.)

**Only choose one option.*

- No
- Prefer not to say
- Yes

16. If you said YES to having a disability, can we please ask for further information? (optional)

This helps us understand the peoples experiences based on their disability

17. Which of the following options best describes how you think of yourself? (optional)

**Only choose one option.*

- | | |
|---|---|
| <input type="radio"/> Asexual | <input type="radio"/> Bisexual |
| <input type="radio"/> Gay Man | <input type="radio"/> Heterosexual / Straight |
| <input type="radio"/> Lesbian / Gay Woman | <input type="radio"/> Pansexual |
| <input type="radio"/> Prefer not to say | <input type="radio"/> Other |

If 'Other', please specify

18. What is your employment status? (optional)

**Only choose one option.*

- | | |
|--|---|
| <input type="radio"/> Employed / Self Employed | <input type="radio"/> Unemployed |
| <input type="radio"/> A student | <input type="radio"/> Apprenticeship schmem or training |
| <input type="radio"/> Long term sick or disabled | <input type="radio"/> Homemaker or looking after the family |
| <input type="radio"/> In receipt of benefits | <input type="radio"/> Voluntary work |
| <input type="radio"/> Retired | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other | |

If 'Other', please specify

19. Are you or have you ever been a member of HM Armed Forces? (Regular or Reservist)
(optional)

**Only choose one option.*

- Yes, I am a current serving member of the Armed Forces
- Yes, I am an Armed Forces Veteran (someone who has previously served in HM Armed Forces - regular or reservist)
- No

20. Are you a carer? (optional)

(A carer is someone who provides support to family or friends who couldn't manage without this help).

**Only choose one option.*

- Yes
- No
- Prefer not to say